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OMB Number:

FORM D

SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

MAY 2 1 2008

FORM D

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

April 30,2008 Expires: Estimated average burden hours per response. 16.00

| SEC USE ONLY | | | | | | | |
|---------------|---|--|--|--|--|--|--|
| Prefix Serial | | | | | | | |
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OMB APPROVAL

3235-0076

| | UNIFORM LIMITED OFFERING EXEM | PTION L |
|--|---|---|
| Name of Offering (check if this i | s an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(es) that apply, Type of Filing: New Filing [| - | □ ULOE |
| | A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested at | out the issuer | |
| Name of Issuer (check if this is as SIERR | a smendment and name has changed, and indicate change.) A GOLD CORPORATION | 08050687 |
| Address of Executive Offices 192 JARVIS ST. 4503 | (Number and Street, City, State, Zip Code) TORONTO, ON M5B 259 | Telephone Number (Including Area Code) 4/6 200 - 6966 |
| Address of Principal Business Operation (if different from Executive Offices) | * | Telephone Number (Including Area Code) |
| Brief Description of Business | GOLD EXPLORATION AND MINI | NG B PROCESSED |
| Type of Business Organization corporation business trust | | elense specify): MAY 3 0 2000 |
| Actual or Estimated Date of Incorporation or Organization of Incorporation or Organization | Month Year on or Organization: OE 97 Vactual Estimation: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | THOMSON REUTERS |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in retiance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not resuft in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | |
|--|--|
| 2. Enter the information requested for the following: | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | a day of amity securities of the issuer |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of | 8 CIUS2 DI CHIIIA SCOTTURE OI THE 122001 |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of pa | particismp 1550/25, and |
| Each general and managing partner of partnership assuers. | <u> </u> |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| EVANS, DOUGLAS | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 190 TARIJIS ST #503 TORONTO ON MSB 279 | |
| The Grinds of District Control of District Con | General and/or |
| Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director | Managing Partner |
| Full Name (Last name first, if individual) | |
| STEWART JAMES SPENCER | |
| Business or Residence Address (Number and Street, City, State, Zip Code) RR #2 BALTIMORE ON KOK ICO | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or |
| Calabra 201(40) 422 / 4421/1 | Managing Partner |
| Full Name (Last name first, if individual) | |
| KAMARA JOHN BAI | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 13A YIKS ROAD MAKENI SIERRA LEONE | |
| | General and/or |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |

| | | | | B. IN | FORMATI | ON ABOU | T OFFERI | 4 G | | | | |
|------------------------------|---|---|---|---|--|--|--|---|------------------------------|----------------------------|----------------------|----------------------|
| · · | | | | | | | · | | | | Yes | No |
| 1. Has th | ne issuer sole | i, or does th | | | | | | | | | | e |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | ila | |
| 2. What | . What is the minimum investment that will be accepted from any individual? | | | | | | | | | | . \$A Yes | No No |
| | Does the offering permit joint ownership of a single unit? | | | | | | | | | | | |
| comm If a po or stat | the informatission or sime arson to be listes, list the nater or dealer. | ilar remune sted is an ass ame of the b | ration for s sociated pe croker or de | olicitation rson or age aler. If mo | of purchase nt of a brok ere than five | ers in conne ter or deale e (5) persor | ection with r registered as to be list | sales of sec I with the S ed are asso | curities in the EC and/or | he offering with a stat | $\sim N_{l}$ | /A |
| Full Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| Business o | or Residence | Address (N | lumber and | 1 Street, Ci | ty, State, 2 | ip Code) | | | | | | |
| Name of A | Associated B | roker or De | aier | | | | | · | | | · | |
| | Which Person | | | | | | | | | | | |
| (Chec | k "All State | s" or check | individual | States) | ********* | | | | | ************** | . [] AI | I States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Full Name | : (Last name | first, if ind | ividual) | | <u></u> | | ⁻ 7 | | · · · · · · | | | |
| Business | or Residence | e Address (i | Number an | d Street, C | ity, State, | Zip Code) | | <u></u> | | | | |
| Name of A | Associated B | roker or De | alcr | | | *** | | · · · | | | | |
| States in V | Which Person | a Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | - | | |
| (Chec | k "All State | s" or check | individual | States) | | | | ****** | | | . 🗌 АІ | l States |
| AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ (TX) | CO LA NM UT | ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Full Name | : (Last name | first, if ind | ividual) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Business | or Residence | Address (| Number an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Name of A | Associated B | roker or De | aler | | | | ····· | | - | | | |
| States in V | Which Person | n Listed Ha | s Solicited | or lutends | to Solicit | Purchasers | ; | | | | | |
| | k "All State | | | | | | | ., | | | . 🔲 AI | I States |
| (AL) (IL) (MT) (RI) | AK IN NE SC | AZ IA NV | AR KS NH | CA KY NJ | CO LA NM | CT ME NY VT | DE MD NC | DC MA ND WA | FL MI OH | GA MN OK | MS OR WY | ID MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | · . |
|----|--|-----------------------------|-------------------------------|
| l. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | | • | c |
| | Debt | 1000000 | · 1/50/00 |
| | Common Preferred | 1,000,000 | <u> </u> |
| | | • | • |
| | Convertible Securities (including warrants) | | . • |
| | Partnership Interests | | . • |
| | Other (Specify) | | 5 115 0M |
| | Total | 1,000,000 | » <u>-113,000.</u> |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ 50,000 |
| | Non-accredited Investors | | s |
| | Total (for filings under Rule 504 only) | | s 50,000 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | - | , |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of | Dollar Amoun |
| | Rule 505 | Security | Sold |
| | Regulation A | | 3 |
| | Rule 504 | COMMAN | \$ 50 noo. |
| | Total | | \$ 50 AAA |
| • | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | <u> </u> |
| | Transfer Agent's Fees | | s 30,00 |
| | Printing and Engraving Costs | پ | \$ |
| | Legal Fees | | s /00.00 |
| | Accounting Fees | | s 3000 |
| | Engineering Fees | | 5 |
| | Sales Commissions (specify finders' fees separately) | _ | 2 |
| | Other Expenses (identify) FROEX | | s 40.00 |
| | | | ~ <u></u> |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | KOCEEDS | |
|-----|--|--|--|
| | b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | s 999,800 |
| i. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | | , |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | s | s |
| | Purchase of real estate | s | <u></u> \$ |
| | Purchase, rental or leasing and installation of machinery and equipment | s | s |
| | Construction or leasing of plant buildings and facilities | s | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | ¬s | □\$ |
| | Repayment of indebtedness | | |
| | Working capital | | _ |
| | Other (specify): | □ | □ \$ |
| | | | |
| | | | s |
| | Column Totals | □\$/50,000 | □\$ <u>849,800</u> |
| | Total Payments Listed (column totals added) | s <u></u> 9 | 99,800 |
| | D. FEDERAL SIGNATURE | | |
| igı | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of | sion, upon writter | |
| SSI | SIERRA GOLD CORPORATION Signature | Date OCTOBER | 21,2007 |
| laı | me of Signer (Print or Type) Title of Signer (Print or Type) | | - |
| | DOUGLAS EVANS CHAIRMAN AND CED | | |
| | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE |
|----|---|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? |
| | See Appendix, Column 5, for state response. |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
| | ther has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person. |

Date OCTOBER 21, 2007

Signatug

Issuer (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 5 4 3 1 2 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited No Yes Yes Investors Amount Investors Amount State No AL ΑK AZAR CA CO CT DE DC FL GA Ш ID ΙL \mathbb{N} ΙA KS KY LA ME MD MA MI MN MS

| | | | | APP | ENDIX | | | | | |
|-------|--------------------------------|---|--|--------------------------------------|--|--------|--|--|---|--|
| 1 | Intend to non-a investor | 2 I to sell accredited s in State I-Item I) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Accredited Non-Accredited | | | | | |
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| | | | | APP | ENDIX | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|-------|---------|--|--|--|--------|--|--|---------------------------------------|----|
| 1 | to non- | 2 d to sell accredited rs in State 8-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | : | | | | | 1 | |
| PR | | | | | | | | | |

